



Sierra Military Health Services, Inc.

# Diabetes Disease Management Program

111 Market Place, Suite 410, Baltimore, Maryland 21202

1-800-903-5336

## PATIENT INFORMATION

☐ Self ☐ Provider ☐ Other (explain)

HOW DID YOU HEAR OF THIS PROGRAM?

PROGRAM NOTIFICATION DATE (MM/DD/YY)

LAST NAME	FIRST NAME	MI
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STREET ADDRESS	(AREA CODE) PATIENT HOME PHONE
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STREET ADDRESS	(AREA CODE) PATIENT WORK PHONE
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CITY	(AREA CODE) PATIENT FAX NUMBER
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STATE	ZIP CODE
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PATIENT ENROLLMENT STATUS: (CHOOSE ONLY ONE)

- ☐ TRICARE STANDARD  
☐ TRICARE PRIME  
☐ ENROLLMENT PENDING

BRANCH OF SERVICE

- ☐ Army ☐ Navy  
☐ Air Force ☐ Marines  
☐ Coast Guard ☐ Public Health  
☐ NOAA

PATIENT DATE OF BIRTH (MM/DD/YY)

SPONSOR SOCIAL SECURITY NUMBER

RELATIONSHIP TO SPONSOR:  
(CHOOSE ONLY ONE)

- ☐ Self ☐ Spouse ☐ Daughter  
☐ Other

SPONSOR DUTY STATUS:  
(CHOOSE ONLY ONE)

- ☐ Active ☐ Active-Deceased  
☐ Retired ☐ Retired-Deceased  
PAY GRADE:  
☐ E4 and below ☐ E5 and above

## DIABETES PROVIDER INFORMATION

LAST NAME	FIRST NAME	MI
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STREET ADDRESS	(AREA CODE) PROVIDER PHONE
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STREET ADDRESS	(AREA CODE) PROVIDER FAX NUMBER
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CITY	STATE	ZIP
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MTF NAME (IF APPLICABLE)

PROVIDER IDENTIFICATION NUMBER

GROUP NAME/AFFILIATION

PROVIDER'S EMAIL ADDRESS

PATIENT'S PRIMARY CARE PHYSICIAN

## SECONDARY REFERRAL

LAST NAME	FIRST NAME	MI
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STREET ADDRESS	(AREA CODE) PROVIDER PHONE
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STREET ADDRESS	(AREA CODE) PROVIDER FAX NUMBER
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CITY	STATE	ZIP
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PROVIDER IDENTIFICATION NUMBER

GROUP NAME/AFFILIATION

PROVIDER'S EMAIL ADDRESS

☐ Self ☐ Provider ☐ Other (explain)

HOW WERE YOU REFERRED TO THIS PROVIDER?

## OFFICE USE ONLY – TO BE COMPLETED BY PROGRAM MANAGER

IDENTIFIED RISK FACTORS:

PLEASE LIST ONE PER LINE

PATIENT TRANSFERRED TO PROMEDX? ☐

RECEIVED RISK ASSESSMENT? ☐

NOTES TO PROMEDX: